IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Huang, et al.

METHODS AND COMPOSITIONS FOR THE AMPLIFICATION OF MUTATIONS IN THE DIAGNOSIS

OF CYSTIC FIBROSIS

Prior Appl. No.:

10/659,582

Prior Appl.

Filing Date:

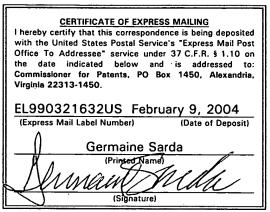
09/09/2003

Examiner:

Unknown

Art Unit:

Unknown



CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [] Division [X] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (49 pages).
- [X] Formal Drawings (1 sheet, Fig. 1).
- [X] Application Data Sheet (37 CFR 1.76) (3 pages).
- [X] Return postcard.

The filing fee is calculated below:

-	Claims		Included in	1	Extra			•••	Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee				•			\$770.00		\$770.00
Total Claims:	27	-	20	=	7	· X	\$18.00	=	\$126.00
Independ ents:	5	-	3	_ =	2	x	\$86.00	=	\$172.00
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing + of Executed Declaration and late payment of filing fee \$130.00								=	\$130.00
-						SU	JBTOTAL:	=	\$1198.00
[]	[] Small Entity Fees Apply (subtract ½ of above):								\$0.00
TOTAL FILING FEE:								=	\$1,198.00

- [X] A check in the amount of \$1,198.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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Date February 9, 2004

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